

# **Child and Adult Care Food Program (CACFP)**

## **Training Packet and Handbook**

### **At-Risk Programs**

### **for Schools**

**FY 2016-2017**



### **Division of School and Community Nutrition**

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<http://education.ky.gov/federal/SCN/Pages/Child-and-Adult-Care-Food-Program.aspx>

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
  - (2) fax: (202) 690-7442; or
  - (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).
- This institution is an equal opportunity provider

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## **Federal Requirements**

Federal regulations at **7 CFR Part 226** requires institutions participating in the Child and Adult Care Food Program to maintain support documentation for submitted claims.

These regulations can be found at:

**<http://www.fns.usda.gov/cacfp/regulations>**

Or

**<http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=86570c8e304645e5da8d64b9d778e428&rgn=div5&view=text&node=7:4.1.1.1.5&idno=7>**

### **Purpose**

The purpose of this handbook is to provide guidance for processes and procedures in regards to the At Risk Program for the state of Kentucky. KDE is responsible for maintaining the integrity of the program and conducting Compliance Reviews to monitor the progress and implementation of the program.

At Risk Meals are a supplemental nutrition program that reimburses institutions for nutritious snacks/meals served to eligible participants. The program is intended to help with food costs; it may not cover all of the food program costs.

**The USDA Food Crediting guide and Food Buying Guide instructs institutions in regards to what foods are creditable and how much should be purchased/prepared for reimbursement in the CACFP. These guides may be found online at:**

#### **Food Crediting Guide:**

**[http://www.fns.usda.gov/sites/default/files/CACFP\\_creditinghandbook.pdf](http://www.fns.usda.gov/sites/default/files/CACFP_creditinghandbook.pdf)**

#### **Food Buying Guide:**

**<http://fbg.nfsmi.org/>**

## **The Program Serves**

- All children through age 18
- There is no age limit for persons with disabilities to participate.

## **Eligibility Requirements**

- Sites must be “area eligible”— the site is located in a school zone which is **50%** or more enrolled in free or reduced priced school meals
- CEP data cannot be used for school districts. Qualifying data from October must be used with actual free/reduced percentages reported
- Sites must have a child care license or be exempt from licensure
- Program must provide children with ***regularly scheduled activities in an organized and structured environment***
- Program must meet state/local health and safety standards
- At Risk Meals operate only when school is in session
  - Meals and snacks may be eligible if served on weekends, holidays, and vacation periods during the regular school year only.

## **Civil Rights Compliance and Grievance Procedures**

The purpose of this policy memorandum is to provide guidance regarding civil rights compliance in the Child and Adult Care Food Program (CACFP).

The goal of Civil Rights Assurance and Compliance is to ensure that Child Nutrition Program benefits are made available and provided to all eligible individuals without discrimination.

**Discrimination** is defined as distinguishing a person, or group of people, **either in favor of or against** others intentionally and doing so by neglect or by actions or by lack of actions.

### **Responsibilities of Institutions and Sponsoring organizations**

USDA regulations outline responsibility regarding civil rights compliance in CACFP.

The following areas of compliance are the

1. Public Notification System
2. Data collection,
3. Training and
4. Grievance Procedures.

### **Compliance Areas**

#### **1. Public Notification System (PNS)**

- Effective October 1, 2016 the State Agency will publish the News Release on behalf of the Sponsors. It is no longer a requirement for existing institutions/sponsoring organizations.

##### **A. “And Justice For All” poster**

- This poster contains the non-discrimination statement and contact information for filing a civil rights complaint.
- The poster must be displayed in a prominent place in every site and every sponsoring organization office. The main entrance is ideal for placement.
- The poster should be displayed on 11x17 paper if possible. If not, 11x14 is acceptable or 8 1/2x11 as a last resort.
- The poster can be downloaded and printed from:  
<http://www.fns.usda.gov/cr/and-justice-all-posters>

##### **a. Non-Discrimination Statement**

- The statement in its entirety is required on all materials where the CACFP is referenced such as, but not limited to, promotional literature, parent handbooks and websites.
- The statement can be listed in its entirety on websites or the following hyperlink referenced:  
<http://education.ky.gov/federal/SCN/Pages/USDANondiscriminationStatement.aspx>
- Institutions and sponsoring organizations must convey the message of equal opportunity in all photographic and other graphics used to provide program information.

**\*\* The Non-Discrimination Statement is displayed below in its’ entirety \*\***

“In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.”

### **b. Language Barriers/Limited English Proficiency (LEP)**

- All institutions must have the capability of providing informational materials in the appropriate translation concerning the availability and nutritional benefits of the Child and Adult Care Food Program, as well as the procedures for filing a discrimination complaint.

**\*\* The link below provides translations for CACFP materials \*\***

<http://www.fns.usda.gov/documents-available-other-languages>

### **B. Data Collection**

- Ethnic and racial data for each site must be documented annually in the management plan as part of the initial and annual renewal process;
- Institutions must maintain 3 years plus current year of the documentation of ethnic and racial data;
- The collection of racial and ethnic data allows institutions and sponsoring organizations, and the state agency to determine how effectively the program is reaching the diversity of a population and if outreach is needed.

**\*\*Example from the Management Plan is located on the next page. This is the process for collecting ethnic and racial data as documented in the management plan \*\***

- (1) Percentage breakdown of eligible population by racial-ethnic category for the elementary school closest to your center. The link to the racial/ethnicity report for KDE schools is on SCN's website
- (2) The number of participants enrolled in the CACFP program at your center.

Ethnicity Data		
<p align="center"><b>Geographic Area</b></p> <p>Percentage breakdown of eligible population by racial-ethnic category for the elementary school nearest the center. The link to the racial/ethnicity report for KDE schools is on SCN's website at:  <a href="http://education.ky.gov/federal/SCN/Documents/Public%20School_Ethnicity%20Report_%20SY%202012-2013.pdf">http://education.ky.gov/federal/SCN/Documents/Public%20School_Ethnicity%20Report_%20SY%202012-2013.pdf</a></p>		
<b>Hispanic or Latino</b>	%	
<b>Non-Hispanic or Latino</b>	%	
<p align="center"><b>Program Participants</b></p> <p>The number of participants enrolled in the CACFP program at the center.          (This is to only be done on the first monitor review of the year.)</p>		
<b>Hispanic or Latino</b>		
<b>Non-Hispanic or Latino</b>		

Racial Data		
<p align="center"><b>Geographic Area</b></p> <p>Percentage breakdown of eligible population by racial-ethnic category for the elementary school nearest the center. The link to the racial/ethnicity report for KDE schools is on SCN's website at:  <a href="http://education.ky.gov/federal/SCN/Documents/Public%20School_Ethnicity%20Report_%20SY%202012-2013.pdf">http://education.ky.gov/federal/SCN/Documents/Public%20School_Ethnicity%20Report_%20SY%202012-2013.pdf</a></p>		
<b>American Indian or Alaskan Native</b>	%	
<b>Asian</b>	%	
<b>Black or African American</b>	%	
<b>Native Hawaiian or Pacific Islander</b>	%	
<b>White</b>	%	

<p align="center"><b>Program Participants</b></p> <p>The number of participants enrolled in the CACFP program at the center.          (This is to only be done on the first monitor review of the year.)</p>		
<b>American Indian or Alaskan Native</b>		
<b>Asian</b>		
<b>Black or African American</b>		
<b>Native Hawaiian or Pacific Islander</b>		
<b>White</b>		

### **C. Training**

- Institutions and sponsoring organizations must offer civil rights training to all “key staff” involved in their program.
- Training is required **prior** to the start of any program duties; training is ongoing as staff, volunteers and contractors enter throughout the fiscal year.
- Staff, volunteers and contractors must be trained annually (within four weeks of the institutions or sponsoring organizations annual training).
- Institutions and sponsoring organizations are **required by regulation to** document civil rights training efforts through dated In-Service Training forms identifying that the topic was covered.

### **D. Civil Rights Complaint Procedure**

#### **Institutions and sponsoring organization responsibilities**

- Keep grievance procedure forms in accessible place and inform necessary persons of location.
- Must accept either written or verbal complaints.
- Must NEVER impede participant’s ability to file.
- Move complaint forward in a timely manner (forward to state agency within 3 days).

#### **Participant Rights**

- Knowledge of all non-discrimination information.
- How to file a claim if they believe their civil rights have been violated.
- A claim may be filed up to 180 days following an alleged action or incident.

**\*\* The following pages include Grievance Report Procedures and Forms \*\***



**KENTUCKY DEPARTMENT OF EDUCATION**  
**Division of School and Community Nutrition**  
**Civil Rights Grievance Report Procedures**

In accordance with FNS Instruction 113-1, the \_\_\_\_\_  
Institution /Sponsoring Organization provides a grievance procedure in the event a person believes he/she or their enrolled participant has been discriminated against and/or denied service on the basis of race, color, national origin, sex, age or disability in the food service program provided by the \_\_\_\_\_ Institution/Sponsoring Organization.

**GENERAL INSTRUCTIONS**

All complaints, written or verbal, alleging discrimination on the basis of race, color, national origin, sex, age or disability shall be processed within ninety (90) days of receipt in the manner prescribed in this instruction.

**Procedure for Filing Complaints of Discrimination**

**1. Right to File a Complaint**

Any person alleging discrimination based on race, color, national origin, sex, age or disability has a right to file a complaint within 180 days of the alleged discriminatory action. Under special circumstances this time limit may be extended.

**2. Acceptance**

All complaints, written or verbal, shall be accepted by the Division of Nutrition and Health Services and forwarded to the SERO-USDA. It is necessary that the information be sufficient to determine the identity of the agency or individual toward which the complaint is directed, and to indicate the possibility of a violation. Anonymous complaints shall be handled as any other complaint.

**3. Verbal Complaints**

In the event that a complainant makes the allegation verbally or through a telephone conversation and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall write up the elements of the complaint for the complainant. Every effort shall be made to have the complainant provide the following information:

- a. Name, address, telephone number, or means of contacting the complainant.
- b. The specific location and name of the entity delivering the program, service, or benefit.
- c. The nature of the incident(s) or action(s) that led the complainant to believe discrimination was a factor.
- d. The basis on which the complainant feels discrimination exists (race, color, national origin, sex, age, disability)
- e. The names, titles and addresses of the persons who may have knowledge of the discriminatory action(s).
- f. The date(s) during which the alleged discriminatory action occurred, or if continuing, the duration of such actions.

## Civil Rights Grievance Report Form (Complainant Section)

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

If your grievance concerns a discriminatory action due to race, color, national origin, sex, age, or disability, please be very specific and give full details concerning the occurrence.

**State the reason(s) you are filing this grievance report.**

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**What response did you receive from the institution representative during the alleged occurrence?**

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**What results are you seeking from this communication?**

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**Signature of Complainant**

**Date**

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This institution is an equal opportunity provider."

*FNS 113-1*

## Civil Rights Grievance Report Form (Sponsor Section)

**Information on person filing grievance: (Complainant)**
**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Date Received by Institution OR Sponsoring Organization** \_\_\_\_\_

**Director's Name** \_\_\_\_\_

**Date forwarded to KDE** \_\_\_\_\_

**RESOLUTION/COMMENTS:**


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**Signature of Institution or Sponsoring Organization Representative**
**Date**

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## Institution of Sponsoring Organization In-Service Training Documentation

Child care center and Adult day care center institutions and sponsoring organizations must conduct training with key staff regarding Child and Adult Care Food Program requirements within **four** weeks of attendance at State Agency training. New institutions and sponsoring organizations *must conduct training with key staff within the first four weeks of program participation*. Documentation of the training must be recorded on the IN-SERVICE TRAINING FORM.

### **7 CFR 226.16 (d)(2-3) states:**

*“Training on Program duties and responsibilities to key staff from all sponsored facilities prior to the beginning of Program operations. At a minimum, such training must include instruction, appropriate to the level of staff experience and duties, on the program’s meal patterns, meals counts, claim submission and review procedures, record keeping requirements, and the reimbursement system. Attendance by the key staff as defined by the State agency is mandatory:*

*Additional mandatory training sessions for key staff from all sponsored child care and adult care facilities not less frequently than annually. At a minimum, such training must include instruction, appropriate to the level of staff experience and duties on the programs meal patterns, meal counts, claim submission and review procedures, record keeping requirements, and reimbursement system. Attendance by key staff, as defined by the state agency, is mandatory.”*

**The Kentucky CACFP State Agency defines “Key Staff” as any staff member with primary responsibility for the operation of the CACFP and/or maintenance of the records that support the monthly claim for reimbursement and compliance with any CACFP requirement. This includes staff members who have monitoring responsibilities along with staff, volunteers or contractors.**

### **In addition to the mandatory Civil Rights Training, the State Agency recommends discussing the following topics during staff training:**

1. Civil Rights Compliance (**MANDATORY**),
2. Meal pattern requirements (necessary food components and proper portion sizes to be served at each meal as illustrated on the Food Chart),
3. Meal counts (requirement that staff conduct the meal count at the time of each meal service and document the number of meals served on Record of Meals Served Form 17-9),
4. For those institutions approved for more than 3 meal services, Record of Meals Served Form 17-10 will be used daily to record the names of the children and to indicate which meals they consumed. Facilities may only claim two meals and one snack or two snacks and one meal per child per day. The Form 17-9 will be used to consolidate all daily meal service totals for claim submission,
5. Attendance records,
6. Menus (Participant and Infant),
7. Personnel Activity Reports,
8. Other records required by the Child and Adult Care Food Program (CACFP), the United States Department of Agriculture (USDA) and the State Agency.

**Ongoing training should be conducted and documented as the institution hires new staff throughout the fiscal year. New staff must be trained within the 1<sup>st</sup> week of employment. Remember to always have new staff members sign in when training is completed. The trainer must provide a signature and date for all new staff trained throughout the year.**

**Any staff conducting in-service training must have completed training on CACFP policies and procedures.**

**\*A link containing the Civil Rights training video can be found on the KDE website under School and Community Nutrition.**

# **CACFP Instructions for Completing the In-Service Training Registration Form**

1. Fill in the Date, Name of Institution, Location of training and Training Conducted by.
2. Mark the box next to the topics covered at the training. (*Civil Rights and “instruction, appropriate to the level of staff experience and duties” of the CACFP is Mandatory*). Mark the box and List any additional topics covered.
3. Have Participants print, sign and give their title and what center they are associated with under the Site column.
4. Please attach additional pages if needed.
5. At the completion of the training, the trainer must sign and date the form.
6. File the Form in the appropriate CACFP Folder labeled In Service Training.

DATE\_\_\_\_\_

**Kentucky Department of Education  
Division of School and Community Nutrition  
Sponsor In-Service Training Documentation  
REGISTRATION FORM**

Name of Institution: \_\_\_\_\_ Location \_\_\_\_\_

Training Conducted by: \_\_\_\_\_

- Topics Covered:    ☐ Civil Rights (Mandatory)  
(Check all that apply) ☐ Meal Patterns  
                          ☐ Meal Counts  
                          ☐ Claim Submission  
                          ☐ Review Procedures  
                          ☐ Record Keeping Requirements  
                          ☐ Reimbursement System  
                          ☐ Updates from Annual Training  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_

Printed Name	Signature	Title	Site Name
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

*\*Please add an additional page for more Training Participants*

I certify that the above topics have been discussed with the personnel listed on the date indicated.

Trainer's Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*7 CFR 226.15(e), 7 CFR 226.16(d)(2-3) and FNS 113-1*

## **Pre-Approval Site Verification Forms**

Sponsoring Organizations requesting to set up additional sites are required to fill out a Pre-Approval Site Request and submit it to the State agency **on or before the 25<sup>th</sup> of the previous month requesting to claim**. Any Site Requests submitted after the 25<sup>th</sup> will be presented to the Application Review Team (ART) for review at the next month's meeting.

Upon receiving the verification form, the consultant will verify eligibility and review enrichment. All submitted Site Requests will be reviewed by the Application Review Team (ART) and institutions will be informed of the acceptance. Once the Site Request has been accepted, the State agency will establish a Site Application on CNIPS for the institution to complete. The site application must be submitted for approval and approved by state agency before the end of the month in order to claim.

### **Regular versus Special**

- ***Regular site sheets*** are new sites that wish to start claiming at risk meals after application is approved by CACFP.
- ***Special site sheets*** are established sites wanting to claim “special” meals.
  - “*Special*” meals are considered weekend, snow days, and vacation or holiday meals.
  - Enrichment must be present and part of the regularly scheduled calendar.
  - All Enrichments must be developmentally appropriate
  - Enrichment must be submitted with the site verification form and signed by the staff present and supervising the enrichment at the requested site.
  - One-time events are not allowed

*\*NOTE: “Special” sites are subject to compliance reviews as well.*

## School Food Authority At-Risk Site Verification Form

<b>Site Type:</b>	<input type="checkbox"/> <b>At-Risk</b>	<input type="checkbox"/> <b>Special At-Risk</b>
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**Sponsor Name:** \_\_\_\_\_ **CNIPS #:** \_\_\_\_\_

### Facility Information:

Center/Site Name:										
Street Address:										
City:			State:			Zip:			County:	
Phone Number:	(     )		Extension:			Fax Number:	(     )			

**Email:** \_\_\_\_\_

**Program Contact** \_\_\_\_\_

### 1. Type of Facility

At-Risk Site- Qualifying Data \_\_\_\_\_

Name of the School Used for Qualifying Data if different from the center/site name \_\_\_\_\_

- Must be located in attendance area of public school where at least 50 percent of the enrolled students are certified as eligible for free or reduced-price meals.

### 2. Site Operational Information:

a. School Hours: Begins: \_\_\_\_\_ Ends: \_\_\_\_\_

b. At-Risk Program Hours: Begins: \_\_\_\_\_ Ends: \_\_\_\_\_

c. Days of the week meals will be claimed:

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday

### 3. Meal Service Information:

a. Meal Types to be Claimed:

At-Risk Snack		At-Risk Supper
<input type="checkbox"/>		<input type="checkbox"/>

### 4. Meal Time Information:

Note: Center Meals: Minimum two hours/Maximum three hours

At Risk:

	Start	Finish
At-Risk PM Snack	_____	_____
At-Risk Supper	_____	_____

### 5. Method of Meal Service:

- ☐ Center prepares meals on-site (contract not required)
- ☐ Center receives meals from another center or central preparation site owned by the sponsor (contract not required)
- ☐ Center contracts with local public school system
- ☐ Center contracts with another approved CACFP center with which it is not affiliated
- ☐ Center contracts with a registered caterer



**6. Estimated Number of Participants by Age Group:**

\_\_\_\_\_ Infants (under 1yr.)      \_\_\_\_\_ PreK (1yr.-4yr.)      \_\_\_\_\_ Elementary (5yr. to 11yr.)  
\_\_\_\_\_ Middle (11yr.-14yr.)      \_\_\_\_\_ High (14yr.-18yr.)      Total: \_\_\_\_\_

**7. List Names of Personnel Responsible for CACFP Administration and Food Service:**

<b>Name:</b>	<b>Program Labor or Administrative Duties</b>

**8. Fax or email a copy of the district calendar to CACFP Branch**

**This part of the page was left blank intentionally.**

Sponsor CNIPS #: \_\_\_\_\_ Sponsor: \_\_\_\_\_ Site CNIPS #: \_\_\_\_\_ Site Name: \_\_\_\_\_

Enrichment Activity (Tutoring, physical activity, club, etc.)	Supervisor/Leader/Instructor Name	Location (Library, gym, classroom, etc.)	Day(s) of the Week	Time Begin/End	Age Range Infant, PreK, Elem., Middle, High

I certify that all information on this Site Information Form is true and correct.

\_\_\_\_\_  
Signature of Site Instructor for Enrichment Activities

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## **Enrichment**

Programs must provide **education** or **enrichment** activities in an **organized, structured and supervised environment**.

It is not required that children receiving meals must participate in the offered activities.

*Examples of exemplary enrichment:* specific educational tutoring or homework assistance, arts and crafts, life skills or life groups, organized fitness activities

*Examples of enrichment not approved:* independent computer games, independent reading, jigsaw puzzles, and parent led activities, sports only not in conjunction with other enrichments, gallery walks or book reports.

Students that are involved with sports teams/clubs can receive at risk snacks/meals as part of a broad, overarching educational or enrichment program but cannot be limited to a sports team.

Supervised athletic activity may participate as long as they are “open to all” students and do not limit membership for reasons other than space, security or licensing requirement.

Enrichment sheets should be completed by the **actual site supervisor** providing the enrichment at each specific site. Enrichment sheets should not be signed by the program contact or program coordinator.

Sponsor CNIPS #: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_ Site Name: \_\_\_\_\_ Site CNIPS #: \_\_\_\_\_

Enrichment Activity (Tutoring, physical activity, club, etc.)	Supervisor/Leader/Instructor Name	Location (Library, gym, classroom, etc.)	Day(s) of the Week	Time Begin/End	Age Range Infant, PreK, Elem., Middle, High

I certify that all information on this Site Information Form is true and correct.

\_\_\_\_\_  
Signature of Site Instructor for Enrichment Activities

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## **Record Keeping**

Institutions who participate in the Child and Adult Care Food Program (CACFP) must maintain records at the sponsor/center location. Sponsoring organizations of affiliated centers and sites are responsible for ensuring that each center or site under the sponsorship is maintaining current month records. Sponsors of Unaffiliated centers and sites must ensure that each center or site maintains copies of at least the previous twelve months' records. These records must accurately reflect program operations. Failure to maintain such records will result in the recovery of reimbursement and/or termination from the Program.

An organized system for filing and maintaining records will save time when completing the monthly Report and Claim for Reimbursement. **All monthly records and supporting documentation must be assembled together and filed with a corresponding copy of the Report and Claim for Reimbursement in the institutions or sponsoring organization's main office.** Institutions should assign responsibility for maintaining daily records to specific staff.

The following records to support reimbursement must be maintained on file for a minimum of 3 years plus the current year:

1. Attendance Records
2. Record of Meals Served
3. Program Costs Documentation including Receipts, Invoices, Catering Delivery Tickets and Proof of Program Labor.
4. Menus

**Failure to maintain any of the following records will result in the repayment of meal reimbursement.**  
**[7 CFR 226.10(d)]**

## MENUS 7 CFR 226.15 (e) 10

**All institutions are required to keep the State Agency Issued Menu Records.** Menus function as an important tool because menus help ensure that centers meet proper meal pattern requirements. Menus also report which foods are prepared and served to participants. Therefore, Menus help support food purchases and costs. When listing food items served on Menu Records, be very specific as to the type (i.e. fresh pineapple, canned pineapple tidbits or pineapple slices) and date served. Foods on the menus will be cross referenced with the purchases on food receipts and invoices. The Food Buying Guide will be a necessary and important reference tool during meal planning and preparations. Institutions are responsible for purchasing and preparing adequate amounts of each component for the number of children being claimed during the meal service.

In accordance with FNS Policy Memo CACFP 20-2011, child care centers, family day care homes, at-risk afterschool programs and shelters participating in CACFP shall make potable water available to children throughout the day, including meal times. Water should be made available to children upon request, but does not have to be available to children self-serve.

Consider the use of cycle menus and calculate how much the cook needs to prepare based on attendance. **It is the responsibility of the center/sponsor to ensure that meals meet minimum requirements as to components and portion size per participant.** In addition, the institution or sponsoring organization should provide additional training to the cook in the use of the Food Buying Guide and the Food Crediting Guide. An online Food Buying Guide calculator is also available at: <http://fbg.nfsmi.org/>

\*For catered meals, please see the Catering Guidance Handbook.

**If there are no menus available, if menus are incomplete, or if menus do not cross reference with receipts, meals will be disallowed**

### Offer Versus Serve

At Risk Afterschool Meal prepared in or by School Food Authorities (SFA'S) may choose to use the National School Lunch Program (NSLP) meal pattern requirements or the CACFP meal pattern.

After school programs may have the option of using OVS in their centers provided they follow the same requirements they would under NSLP.

***OVS is not an option during a snack service.***

### Share Tables

This strategy is an innovative way to encourage the consumption of nutritious foods and to reduce waste. Share tables are tables or stations where children may return whole food or beverage items they choose to not eat. This must be done in compliance with local and state health and food safety codes. These items then are available to other children who may want additional servings.

Refer to the June 22, 2016 memo: CACFP 13-2016, for specific use of share tables.

<http://www.fns.usda.gov/use-share-tables-child-nutrition-programs>

Child Care Center/Sponsor

**WEEKLY MENU RECORD**

Year: \_\_\_\_\_

Week: \_\_\_\_\_

Name of Center/Sponsor

Month: \_\_\_\_\_

Menu Item	Menu		Menu		Menu		Menu		Menu	
Breakfast	Monday	Date	Tuesday	Date	Wednesday	Date	Thursday	Date	Friday	Date
Milk										
Fruit/Veg./Juice										
Grains										
(Must serve 3 components)										
A.M. Supplement										
Milk										
Meat/Meat Alternate										
Fruit/Veg./Juice										
Grains										
(Must serve 2 components)										
Lunch										
Milk										
Meat/Meat Alternate										
Fruit/Veg.										
Fruit/Veg.										
Grains										
(Must serve 5 components)										
P.M. Supplement										
Milk										
Meat/Meat Alternate										
Fruit/Veg./Juice										
Grains										
(Must serve 2 components)										
Supper										
Milk										
Meat/Meat Alternate										
Fruit/Veg.										
Fruit/Veg.										
Grains										
(Must serve 5 components)										

## **ATTENDANCE RECORDS**

All institutions are required to maintain daily attendance records in order to document an enrolled participant's attendance. Daily attendance must be totaled every day and recorded on the Record of Meals Served (17-9) form in the Total Daily Attendance (TDA) column.

### Daily Attendance Options:

1. A computer-generated attendance record from the POS system can be used in schools.
2. Institutions may design their own form through a sign in attendance form but it must contain, at a minimum, first name, last name and date of service.
3. State Agency designed sign in sheet attached below.

Failure to maintain attendance records or maintenance of inadequate attendance records will result in the recovery of CACFP reimbursement. Attendance records must be maintained on file for three years plus the current fiscal year.

### **CACFP Instructions for Completing the Daily Attendance Record**

Fill in the Month/Year and Sponsor Information.

1. Record the names of the participants.
2. Take attendance and total columns daily.
3. Place daily attendance totals from the attendance record form on the Record of Meals Served (17-9) form under the column that says, "Total Daily Attendance".

*\*Do not use the Daily Attendance Totals for Meal Count Submissions.*



# DAILY ATTENDANCE RECORD

**Month/Year** \_\_\_\_\_

**Sponsor** \_\_\_\_\_

[illegible]

Each day's totals must be recorded on the Record of Meal Served (Form 17-9) in the Total Daily Attendance Column at the end of each day.

\*7 CFR 226.15(e)(4) and 226.17a(O)(1)

## RECORD OF MEALS SERVED

The Record of Meals Served Form (17-9) is the official source of documentation used to verify meal counts.

All institutions must maintain an accurate daily count of meals served to participants. **The count must be taken during the meal service and it must total the actual number of meals served. The meal count shall not be taken from attendance records, sign-in sheets, licensed capacity or enrollment.** Institutions may claim reimbursement only for meals served to participants.

The Record of Meals Served Form also provides an area to record total daily attendance each day. Daily attendance figures are pulled from attendance records and recorded under, “Total Daily Attendance”.

Attendance records are not the same as the “Record of Meals Served.” In some cases, participants may be present at the center, but the individual may not participate during the meal service. Therefore, reimbursement is calculated based on meals actually served, not attendance records.

### Instructions for completing CACFP Record of Meals Served (17-9) form

1. Fill in the Center/Site Name.
2. Fill in Month/Year.
3. Place number of meals served next to the appropriate date and under the appropriate age range. Add the daily meals for each age group and place in the meal total column.
4. For each meal service, list the number of adults that were served meals under the PA (Program Adults) column. This includes staff and/or parents. This column doesn't need to be totaled at the end of the month and is **not** included in the monthly claim for reimbursement. *\*\*Do not include these meals in the meal total.\*\*\*\**
5. At the end of the day, place total number of participants in attendance under the Total Daily Attendance column. *Reminder, the total number of meals served should never exceed the Total Daily Attendance.*
6. At the end of the month, total all columns for the month and use the information for the monthly claim (number of meals served for each meal service and total attendance for the month).

Form 17-9

## At-Risk Record of Meals Served

### Child and Adult Food Program

<b>Site</b>		<b>Month</b>	
-------------	--	--------------	--

		At-Risk Snack								At-Risk Supper				
Date	MD/MP	6-18	TDA	PA			MD/MP	6-18	TDA	PA				
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Total														

MP=Meals Prepared  
 MD= Meals Delivered  
 PA = Program Adults  
 TDA= Total Daily Attendance

**At-Risk Record of Meals Served****Child and Adult Food Program****Site****Month**

At-Risk Snack					At-Risk Breakfast				
Date	MD/MP	6-18	TDA	PA	MD/MP	6-18	TDA	PA	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
<b>Total</b>									

MP=Meals Prepared

MD= Meals Delivered

PA = Program Adults

TDA= Total Daily Attendance

## Meal Component Substitutions

### Medical Statement for Participants with Special Dietary Needs

This statement must be completed and submitted to the Provider/Facility/Center before any meal substitutions can be made. The parent/guardian will complete the top section and the medical authority will complete the bottom section and sign and date. Refer to the information below for clarification. Attach a sheet with additional information if necessary. If changes are needed, the parent/guardian is required to submit a new form signed by the child's physician.

### Disability

Under Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act* (ADA) of 1990, a “*person with a disability*” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

USDA regulations **7 CFR Part 15b** require substitutions or modifications in CACFP meals for participants whose disabilities restrict their diets. A participant with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. The physician's statement must identify: the child's disability; an explanation of why the disability restricts the child's diet; the major life activity affected by the disability; the food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA, and food service may, but is not required to, make food substitutions for them.

However, when in the licensed physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of “disability,” and the substitutions prescribed by the licensed physician must be made.

### Special Dietary Needs That Are Not a Disability

Food service providers may make food substitutions, at their discretion, for individual children who do not have a disability, but who are medically certified as having a special medical or dietary need. Such determinations are only made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

Each special dietary request must be supported by a statement, which explains the food substitution that is requested. It must be signed by a recognized medical authority. The medical statement must include: an identification of the medical or other special dietary condition which restricts the child's diet; the food or foods to be omitted from the child's diet; and the food or choice of foods to be substituted.

### **Parent/Guardian Request for Fluid Milk Substitution**

Parents or guardians may now request in writing that non-dairy beverages be substituted for fluid milk for their children with special dietary needs without providing statement from a recognized medical authority. However, fluid milk substitutions requested are at the **option** and expense of the facility/center.

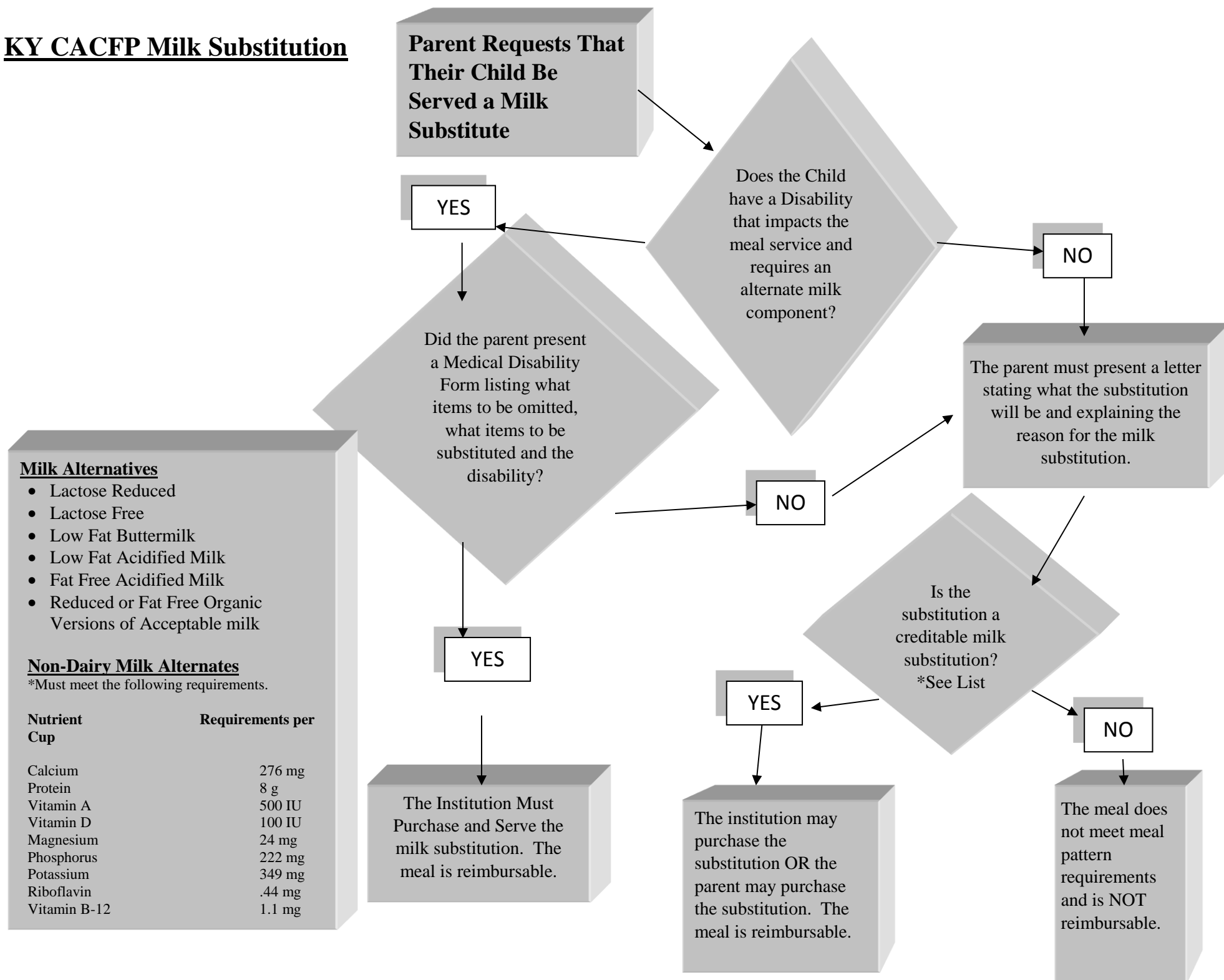
The non-dairy beverage provided must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the United States Department of Agriculture (USDA) for Child Nutrition Programs in order for the facility/center to claim reimbursement for the meal through the Child and Adult Care Food Program (CACFP).

**A non-dairy beverage product must contain the following nutrient levels per cup to qualify as an acceptable milk substitution:**

a. Calcium 276 mg	d. Vitamin D 100 IU	g. Potassium 349 mg
b. Protein 8 g	e. Magnesium 24 mg	h. Riboflavin .44 mg
c. Vitamin A 500 IU	f. Phosphorus 222 mg	i. Vitamin B-12 1.1 mcg

Food substitutions can be made for participants who are unable to consume regular program meals due to **religious reasons**. In such cases, a statement from the participant's parents/guardian must be provided on behalf of the participant. The statement should specify the food or foods to be omitted from the participant's diet and specify a choice of foods that may be substituted. The Sponsoring Organization is **not** required to purchase and prepare alternate foods for religious reasons.

# **KY CACFP Milk Substitution**





**CACFP Instructions for Completing the Medical Statement  
for Participants with Special Dietary Needs**

**Parent/Guardian Section**

1. Fill in information located in the first section. To be completed by a Parent, Guardian, or Authorized Representative”.
2. If participant has a recognized disability or special dietary needs that are not a recognized disability, a recognized medical authority must complete the form. A recognized medical authority is anyone medically deemed certified to write prescriptions.
3. Medical Authority must sign and date.
4. Medical Authority must Print their name, title, and give the telephone number where they may be contacted.
5. If participant does not have a disability, but is requesting special accommodation for a fluid milk substitute, the form may be completed by the Parent/Guardian.

**Sponsor Information**

1. The statement must be completed in its entirety and submitted prior to substituting any meals.
2. If any changes are needed, a new form will need to be submitted.
3. Parents or guardians may request in writing that a non-dairy beverage be substituted for fluid milk without providing a statement from a recognized medical authority. Fluid milk substitutions requested are at the option and expense of the facility/center.
4. Non-dairy beverage products must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution.

j. Calcium 276 mg	m. Vitamin D 100 IU	p. Potassium 349 mg
k. Protein 8 g	n. Magnesium 24 mg	q. Riboflavin .44 mg
l. Vitamin A 500 IU	o. Phosphorus 222 mg	r. Vitamin B-12 1.1 mcg

**MEDICAL STATEMENT FOR PARTICIPANTS WITH SPECIAL DIETARY NEEDS****To be completed by a Parent, Guardian, or Authorized Representative**

<b>Participant's Name:</b>		<b>Birthday:</b>
<b>Parent/Guardian/Authorized Representative name:</b>		
<b>Home Phone: (    )</b>		<b>Work Phone: (    )</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

<input type="checkbox"/> Participant has a disability or medical condition and requires a special meal or accommodation. <b>(*Recognized Medical Authority must sign)</b>		
<input type="checkbox"/> Participant <b>does not</b> have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. (Substitutions made at the discretion of the center.) <b>(*Recognized Medical Authority must sign)</b>		
<input type="checkbox"/> Participant <b>does not</b> have a disability, but is requesting a special accommodation for a fluid milk substitute that meets the nutrient standards for non-dairy beverages offered as milk substitutes. <b>(Substitutions made at the discretion of the center.)</b>		
<b>A non-dairy beverage product must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution.</b>		
a. Calcium 276 mg b. Protein 8 g c. Vitamin A 500 IU	d. Vitamin D 100 IU e. Magnesium 24 mg f. Phosphorus 222 mg	g. Potassium 349 mg h. Riboflavin .44 mg i. Vitamin B-12 1.1 mcg
<b>Foods to be omitted:</b>		<b>Substitutions:</b>
_____		_____
_____		_____
_____		_____
<b>Please list foods and information regarding any needed texture changes (chopped, ground, pureed, etc.):</b>		
_____		
_____		
_____		
<b>Please provide any other information regarding the diet:</b>		
_____		
_____		
_____		

\*Recognized Medical Authority: Anyone who can prescribe medication.

\_\_\_\_\_  
Physician/Medical Authority's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Printed Name and Title\_\_\_\_\_  
Telephone

\*7 CFR 226.20 (h) &amp; Policy Memo: CACFP 13-2015

# **CACFP APPEALS PROCEDURE**

**Section 1. Actions that May be Appealed (Child and Adult Food Care Program) (7 CFR § 226.6(k) .**

**Section 2. Notice of Action. ((7 CFR § 226.6(k)(5))**

**Section 3. Filing An Appeal.**

**Section 4. Appeal Timelines.**

**Section 5. Appeal Procedures.**